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**PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2-through 6 should be completed where appropriate. All further correspondence, including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise by: (a) specifying new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

**1. CORRESPONDENCE ADDRESS**

26M2/1112

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**2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)**

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

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JAN 28 1997

04

Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/418,823	04/07/95	015	BRITTON, H	2615 11/12/9
First Named Applicant	WASHINO,	KINYA		

**TITLE OF INVENTION** VIDEO MONITORING AND CONFERENCING SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 FNI-015/03	348-154.000	G29	UTILITY	YES	\$645.00	02/12/9

**3. Correspondence address change (Complete only if there is a change)**

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Gifford, Krass, Gro  
Sprinkle, Patmore,  
Anderson&Citkowsk

2 \_\_\_\_\_  
3 \_\_\_\_\_

**5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)**

(1) NAME OF ASSIGNEE:  
Kinywa Washino

(2) ADDRESS: (CITY & STATE OR COUNTRY)  
Mahwah, New Jersey

6a. The following fees are enclosed:

Issue Fee     Advance Order - # of Copies 10

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 07-1180

(ENCLOSE A COPY OF THIS FORM)

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Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) \_\_\_\_\_

(Date) 1/24/9

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents  
Washington, D.C. 20231

1 242 645.00 CK  
1 561 30.00 CK

on: January 24, 1997

(Date)

Sheryl L. Hammer

(Name of person making deposit)

*Sheryl L. Hammer*

(Signature)

1-24-97

(Date)